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TRANSMITTAL FORM

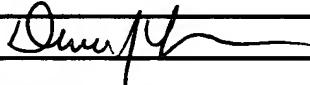
(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-----------------------|
| | | Application Number | 10/753,118 |
| | | Filing Date | 01/07/2004 |
| | | First Named Inventor | TIMOTHY R LITTLEFIELD |
| | | Art Unit | |
| | | Examiner Name | |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | CTI-CONFIGUR |

ENCLOSURES (Check all that apply)

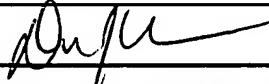
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): POWER OF ATTORNEY; PTO1595 +2 ASSIGNMENTS; RETURN POSTCARD |
| <input type="checkbox"/> Remarks EXPRESS MAIL NO. EU979528147US | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|--|
| Firm or Individual name | DONALD J LENKSZUS | |
| Signature |  | |
| Date | July 21, 2004 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | |
|-----------------------|---|--------------|
| Typed or printed name | DONALD J LENKSZUS | |
| Signature |  | Date |
| | | July 21 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OIE
JUL 21 2004
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JC104

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 160)

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/753,118 |
| Filing Date | 01/07/2004 |
| First Named Inventor | Timothy R Littlefield |
| Examiner Name | |
| Art Unit | |
| Attorney Docket No. | CTI-CONFIGUR |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------|---------------|------------------------|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 1001 770 | 2001 385 | Utility filing fee | |
| 1002 340 | 2002 170 | Design filing fee | |
| 1003 530 | 2003 265 | Plant filing fee | |
| 1004 770 | 2004 385 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$ 0) | | | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------------|--------------|----------------|----------|
| | | | -20** | = | |
| | | | - 3** | = | |
| | | | | | |

| Large Entity | Small Entity | Fee Description |
|---------------------|---------------|--|
| Fee Code (\$) | Fee Code (\$) | |
| 1202 18 | 2202 9 | Claims in excess of 20 |
| 1201 86 | 2201 43 | Independent claims in excess of 3 |
| 1203 290 | 2203 145 | Multiple dependent claim, if not paid |
| 1204 86 | 2204 43 | ** Reissue independent claims over original patent |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$ 0) | | |

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------|---------------|--|----------|
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | 65 |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | 1053 130 | Non-English specification | |
| 1812 2,520 | 1812 2,520 | For filing a request for ex parte reexamination | |
| 1804 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 110 | 2251 55 | Extension for reply within first month | 55 |
| 1252 420 | 2252 210 | Extension for reply within second month | |
| 1253 950 | 2253 475 | Extension for reply within third month | |
| 1254 1,480 | 2254 740 | Extension for reply within fourth month | |
| 1255 2,010 | 2255 1,005 | Extension for reply within fifth month | |
| 1401 330 | 2401 165 | Notice of Appeal | |
| 1402 330 | 2402 165 | Filing a brief in support of an appeal | |
| 1403 290 | 2403 145 | Request for oral hearing | |
| 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding | |
| 1452 110 | 2452 55 | Petition to revive - unavoidable | |
| 1453 1,330 | 2453 665 | Petition to revive - unintentional | |
| 1501 1,330 | 2501 665 | Utility issue fee (or reissue) | |
| 1502 480 | 2502 240 | Design issue fee | |
| 1503 640 | 2503 320 | Plant issue fee | |
| 1460 130 | 1460 130 | Petitions to the Commissioner | |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | |
| 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | 40 |
| 1809 770 | 2809 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 770 | 2810 385 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 770 | 2801 385 | Request for Continued Examination (RCE) | |
| 1802 900 | 1802 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 160)

(Complete if applicable)

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | DONALD J LENKSZUS | Registration No. (Attorney/Agent) | 28,096 | Telephone | 602-463-2010 |
| Signature |  | | | Date | 07/20/2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EXPRESS MAIL NO. EU979528147US



Attorney Docket No.: CTI-CONFIGUR
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TIMOTHY R. LITTLEFIELD

Filed: 01/07/2004

Title: AUTOMATIC SELECTION OF CRANIAL REMODELING DEVICE CONFIGURATION

Serial No. : 10/753,118

Commissioner for Patents

PO BOX 1450

Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF MISSING PARTS

Responsive to the NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION dated 04/28/2004, enclosed herewith are the following:

1. FORMALITIES LETTER
2. DECLARATION-properly signed by the inventors
3. Petition for extension of time
4. Fee transmittal
5. Check in amount of \$160

Respectfully submitted,
DONALD J. LENKSZUS, P.C.

July 21, 2004

Donald J. Lenkszus, Reg. No. 28,096
P.O. Box 3064
Carefree, AZ 85377-3064
Telephone: (602) 463-2010
Facsimile: (480) 575-1321

CERTIFICATE OF MAILING.

I hereby certify that this document is being transmitted by express mail NO. EU979528147US on July 21, 2004 to the Commissioner for Patents, PO BOX 1450, Alexandria, VA 22313-1450..

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

DONALD J. LENKSZUS, ATTORNEY

Jul 16 04 11:44a
USPTO

DONALD LENKSZUS
7/16/2004 2:43 PM PAGE

480-575-1321
2/003 Fax Server

p.2

TO: Mr. Lenkszus COMPANY:

07-22-04

JFW/J



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|------------------------|------------------------|
| 10/753,118 | 01/07/2004 | Timothy R. Littlefield | CTI-configure |

DONALD J LENKSZUS, PC
PO BOX 3064
CAREFREE, AZ 85377-3064



CONFIRMATION NO. 5226

FORMALITIES LETTER



Date Mailed: 04/28/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$65** for a Small Entity

- **\$65** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

07/23/2004 BABRAHAI 00000008 10753118

01 FC:2051 65.00 0P

*A copy of this notice **MUST** be returned with the reply.*

Jul 16 04 11:44a

DONALD LENKSZUS

USPTO

7/16/2004 2:43 PM PAGE

480-575-1321

3/003 Fax Server

p.3

TO: Mr. Lenkszus COMPANY:

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY